

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

**10/560319**

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		2				
4		2				
5		2				
6		2				
7		2				
8		3				
9		3				
10		3				
11		3				
12		3				
13		3				
14		3				
15		3				
16		3				
17		3				
18		3				
19		3				
20		3				
21		3				
22	1					
23		3				
24		3				
25		3				
26		3				
27		3				
28		3				
29		3				
30		3				
31		3				
32		3				
33		1				
34						
35						
36						
37						
38						
39						
40			1			
41				1		
42				1		
43				1		
44				1		
45				1		
46				1		
47			1			
48						
49						
50						
TOTAL IND.		↓	3	↓		↓
TOTAL DEP.	←		12	←		←
TOTAL CLAIMS			15			

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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96						
97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.	←		←		←	
TOTAL CLAIMS						